MHS Pay for Performance **(P4P)**



















Agenda

- **Part one:**
 - Pay for Performance (P4P) Measures
 - HEDIS® Measures and Codes
- **Part two:**
 - Provider Analytics Tool
 - P4Q
 - My Health Direct
- **W** Questions and Answers

HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).



Measures, Targets, and Incentives

W Healthy Indiana Plan (HIP): \$2.00 PMPM

Measures	Minimum Member Threshold	Target Percentile	Incentive Amount PMPM
Chlamydia Screening in Women – Total	5	75th	\$0.10
Cervical Cancer Screening	5	75th	\$0.10
Breast Cancer Screening	5	75th	\$0.10
Antidepressant Medication Management – Effective Acute Phase Treatment	5	75th	\$0.12
Comprehensive Diabetes Care – Eye Exam	5	75th	\$0.12
Comprehensive Diabetes Care – Medical Attention for Nephropathy	5	75th	\$0.12
Adult Access to Preventive/Ambulatory Services	10	75th	\$0.40
Medication Management for People with Asthma – Total Medication Compliance 75%	5	75th	\$0.10
Prenatal Post Care (PPC) Postpartum Care	5	75th	\$0.20
Prenatal Post Care (PPC) Prenatal Care	5	75th	\$0.20
Ambulatory Care – Emergency Dept. Visits/1,000 Member Months	10	75th	\$0.24
Sub – Total HEDIS Measures			\$1.80
Provider Outreach (Administrative Credit)		*	\$0.20
			\$2.00
*Provider is determined to be in "Good Standing" if they comply and complete the following:			
(1) Host or participate in a Preventive Health Outreach program or activity.			
(2) Do not have a closed provider panel and are able to accept new members.			
(3) Attendance in one MHS training/orientation session during the calendar year.			



Measures, Targets, and Incentives

W Hoosier Care Connect: \$2.00 PMPM

Measures	Minimum Member Threshold	Target Percentile	Incentive Amount PMPM
Adult Access to Preventive/Ambulatory Services	10	75th	\$0.30
Childhood Immunization Status - Combo 10	10	75th	\$0.10
Comprehensive Diabetes Care - Eye Exams	5	75th	\$0.12
Comprehensive Diabetes Care - Medical Attention for Nephropathy	5	75th	\$0.12
Adolescent Well-Care Visits	10	75th	\$0.20
Well-Child Visits in the First 15 Months of Life (6 or more visits)	10	75th	\$0.20
Well Child Visits in the 3rd, 4th 5th, and 6th Years of Life	10	75th	\$0.20
Medication Management for People with Asthma: Medication Compliance 75% (Total)	5	75th	\$0.10
Pharmacotherapy Management of COPD Exacerbation - Systemic Corticosteroid	5	75th	\$0.10
Antidepressant Medication Management - Effective Acute Phase Treatment	5	75th	\$0.12
Ambulatory Care - Emergency Dept Visits/1,000 Member Months (Total)	10	75th	\$0.24
Sub – Total HEDIS Measures			\$1.80
Provider Outreach (Administrative Credit)		*	\$0.20
			\$2.00
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(3) Attendance in one MHS training/orientation session during the calendar year.			



Measures, Targets, and Incentives

W Hoosier Healthwise: \$2.00 PMPM

Measures	Minimum Member Threshold	Target Percentile	Incentive Amount PMPM
Lead Screening in Children	10	75th	\$0.20
Childhood Immunization Status - Combo 10	10	75th	\$0.10
Follow Up Care for Children Prescribed ADHD Medication - Initiation Phase	5	75th	\$0.10
Follow Up Care for Children Prescribed ADHD Medication - Continuation & Maintenance Phase	5	75th	\$0.10
Adolescent Well-Care Visits	10	75th	\$0.20
Well-Child Visits in the First 15 Months of Life (6 or more visits)	10	75th	\$0.20
Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life	10	75th	\$0.20
Medication Management for People with Asthma: Medication Compliance 75% (Total)	5	75th	\$0.20
Prenatal-Postpartum (PPC) Postpartum Care	5	75th	\$0.12
Prenatal-Postpartum (PPC) Timeliness of Prenatal Care	5	75th	\$0.18
Ambulatory Care - Emergency Dept Visits/1,000 Member Months (Total)	10	10th	\$0.20
Sub – Total HEDIS Measures			\$1.80
Provider Outreach (Administrative Credit)		*	\$0.20
			\$2.00
*Provider is determined to be in "Good Standing" if they comply and complete the following:			
(1) Host or participate in a Preventive Health Outreach program or activity.			
(2) Do not have a closed provider panel and are able to accept new members.			
(3) Attendance in one MHS training/orientation session during the calendar year.			



P4P ADMINISTRATIVE MEASURES

- A Provider is determined to be in "Good Standing" if they comply and complete the following:
 - 1. Host, or participate in, a Preventive Health Outreach program or activity,
 - 2. Do not have a closed Provider Panel, and are able to accept new members,
 - 3. Attendance in one MHS training/orientation session during the calendar year.

OR

1. Enrolls in My Health Direct before the end of the 1st quarter of the new calendar year and remains enrolled through the end of the calendar year.



HEDIS MEASURES AND CODING



Adults' Access to Preventive/Ambulatory Health Services (AAP)



Applicable members: 20 years and older as of December 31 of the measurement year, calculated separately by line of business.

W Requirements:

- One or more ambulatory or preventive care visits during the measurement year.
- Members must be continuously enrolled for the measurement year with no more than one 45-day gap in enrollment.
- ICD-10 and CPT codes found on page 6 of the MHS HEDIS Quick Reference Guide



Care for Children Prescribed ADHD Medication (ADD)



Initiation Phase – members with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-days after IPSD.

Continuation Phase – members with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had <u>at least two</u> <u>follow-up visits</u> with a practitioner within 270 days (9 months) after the Initiation Phase ended.

Applicable members: Members who turn 6 years as of March 1 of the year prior to the measurement year to 12 years as of <u>February 28 of the measurement year.</u>

Index Prescription Start Date (IPSD) - The earliest prescription dispensing date for an ADHD medication where the date is in the Intake Period and there is a Negative Medication History.

*Members must be continuously enrolled 120 days (4 months) prior to the IPSD through 30 days after the IPSD with no gap in enrollment.

^{*}CPT codes may be found on page 34 of the MHS HEDIS Quick Reference Guide.



Antidepressant Medication Management (AMM)



Acute Phase:

- Applicable members: 18 years and older as of <u>April 30</u> of the measurement year.
- **W** Requirement:
 - Members remained on an antidepressant medication for at least 84 days (12 weeks).
 - Member must be continuously enrolled May 1 of the year prior to the measurement year through April 30 of the measurement year with MHS with no more than a 45 day gap in enrollment.



Adolescent Well-Care Visits (AWC)



- Applicable members: Members who turn 12-21 years of age during the measurement year.
- Requirement: At least one comprehensive well-care visit during the measurement year. Medical record documentation must include health history, physical exam, mental developmental history, physical developmental history, and anticipatory guidance/health education.
 - Well-care visit with Primary Medical Provider (PMP) or OB/GYN
 - Member must be continuously enrolled for 12 months with MHS with no more than a 45 day gap in enrollment.
 - ICD-10 and CPT Codes may be found on page 5 of the MHS HEDIS Quick Reference Guide



Breast Cancer Screening (BCS)

HIP

- Applicable members: Women <u>50-74</u> years of age as of December 31st of the measurement year.
- Requirement: Women who have had at least one mammogram any time on or between October 1 two years prior to the measurement year and December 31st of the measurement year.
- ICD—10 and CPT Codes may be found on page 11 of the MHS HEDIS Quick Reference Guide.

^{*} Women who have had a bilateral mastectomy or two unilateral mastectomies can be excluded from this measure. Medical records will be required in order to exclude the member.





Cervical Cancer Screening (CCS)

- **Applicable members:** Women 21-64 years of age as of December 31st of the measurement year.
- Requirement: Women 24-64 receive 1 Pap test during the measurement year or within 3 years prior OR women 30-64 receive cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years (must occur within 4 days of each other).
- Women who have had either a complete, total or radical hysterectomy (vaginal or abdominal) with evidence that the cervix has been removed can be excluded from the measure based on medical record documentation
- ICD-10 and CPT Codes may be found on page 14 of the MHS HEDIS Quick Reference Guide.



Comprehensive Diabetes Care



Diabetes Care – Eye Exam

Applicable members: Members ages 18-75 as of December 31st of the measurement year with diabetes (types 1 & 2).

W Requirements:

- Members identified with diabetes (types 1 & 2) who had a retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) completed every year OR a negative retinal exam (no evidence of retinopathy) by an eye care professional in the year prior.
- Member must be continuously enrolled with MHS for 24 months with no more than a 45 day gap in enrollment.

Diabetes Care –Nephropathy

Applicable members: Members ages 18-75 as of December 31st of the measurement year with diabetes (types 1 & 2).

W Requirements:

- Members identified with diabetes (types 1 & 2) who had a nephropathy screening performed at least once per year.
- A member who is on ACE/ARBs or has nephropathy is compliant for this measure.
- Member must be continuously enrolled with MHS for 24 months with no more than a 45 day gap in enrollment.

^{*} ICD-10 and CPT Codes for CDC-Eye and CDC-Nephropathy may be found on pages 23 & 24 of the MHS HEDIS Quick Reference Guide.



Chlamydia Screening in Women



Applicable Members: Women 16-24 years of age as of December 31st during the measurement year.

W Requirement:

- Women who were identified as sexually active and had at least 1 test for Chlamydia during the measurement year.
- Sexually active women are identified through evidence of a pregnancy test or prescription for a contraceptive.
- Members cannot be excluded for receiving prescription contraceptives for off label use.
- CPT Codes may be found on page 21 of the MHS HEDIS Quick Reference Guide.



Child & Immunization Status (CIS) COMBO 10



- Applicable age group: Children who turn two years of age in the measurement year.
- Requirements: 4 DTaP, 3 IPV, 1 MMR, 3 Hib, 3 Hep B, 1 VZV, 4 PCV, 1 Hep A, 2 or 3 RV (depending on dose schedule), 2 Flu
 - Vaccinations given prior to 42 days after birth or following the members 2nd birthday will not be counted.
 - Members must be continuously enrolled with the health plan for 12 months prior to their 2nd birthday with no more than a 45 day gap in enrollment.
 - ICD-10 Codes available in the MHS HEDIS Quick Reference Guide



Lead Screening in Children (LSC)



- Applicable age group: Children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning before their second birthday
- CPT: 83655 from page 43 of the MHS HEDIS Quick Reference Guide

^{*} Children age out every day. Proactive review of open care gaps list is beneficial.



Medication Management for People With Asthma (MMA)



Applicable members: Members 5-64 years of age as of December 31st of the measurement year.

W Requirements:

- Members identified with persistent asthma who were dispensed appropriate medications and remained on an asthma controller medication for at least 75% of their treatment period.
- their treatment period.
 Member must be continuously enrolled with MHS for 24 months with no more than a 45 day gap in enrollment.

Appropriate Medications:

- Antiasthmatic combinations
- Antibody inhibitor
- Inhaled steroid combinations
- Inhaled corticosteroids
- Leukotriene modifiers
- Mast cell stabilizers
- Methylxanthines



Pharmacotherapy Management of COPD Exacerbation (PCE)



- Applicable members: Members 40 years of age & older with COPD exacerbations who had an acute inpatient discharge or ED visit on or between January 1- November 30 of the measurement year and who were dispensed appropriate medications.
 - Dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event.



Prenatal & Postpartum Care (PPC)



Timeliness of Prenatal Care:

- Applicable members: Women who delivered between November 6 of the year prior to the measure year and November 5 of the measure year.
- Requirement: Prenatal visit must occur within the first trimester or within 42 days of enrollment.

Postpartum Care:

- Applicable members: Women who delivered between November 6 of the year prior to the measure year and November 5 of the measure year.
- Requirement: At least 1 postpartum visit on or between 21 and 56 days after delivery.

^{*} ICD-10 and CPT codes may be found on pages 54 -55 in the MHS HEDIS Quick Reference Guide.



Well-Child Visits 0-15 Months (W15)



- Applicable members: Children who turn 15 months old during the measurement year.
- Requirement: Six or more well-child visits <u>before</u> 15 months of age.
 - Medical record documentation must include health history, physical exam, mental developmental history, physical developmental history, and anticipatory guidance/health education.
 - Member must have been continuously enrolled with MHS from 31 days to 15 months of life with no more than a 45 day gap in enrollment.
 - ICD-10 and CPT Codes may be found on page 66 of the MHS HEDIS Quick Reference Guide.



Well-Child Visits 3-6 Years (W34)



- Applicable members: Members who turn 3-6 years of age during the measurement year.
- Requirement: At least one well-child visit during the measurement year.
 - Medical record documentation must include health history, physical exam, mental developmental history, physical developmental history, and anticipatory guidance/health education.
 - Member must be continuously enrolled with MHS for 12 months with no more than a 45 day gap in enrollment.
 - ICD-10 and CPT Codes may be found on page 66 of the MHS HEDIS Quick Reference Guide.

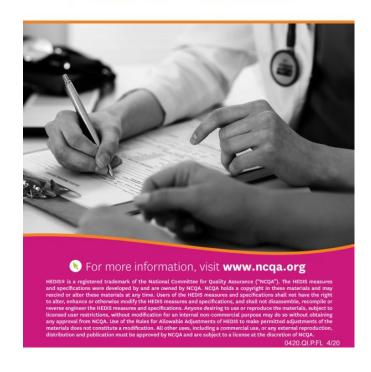


Measure Requirements and Coding

- Find additional information on the measurement requirements and some tips for coding on our website located under HEDIS.
- The HEDIS Quick
 Reference Guide (shown here) is available from your Provider Partnership Associate.



Quick Reference Guide HEDIS® 2020





Improving Your P4P Payout



Tools for Achieving a Better P4P Payout

- Secure Provider Portal
- Provider Analytics
- **My Health Direct**





Home Find a Provider Portal Login Events Careers Contact Us O search

Contrast On





a a a language -

Select Your Plan Below Which plan do I have?

FOR MEMBERS

FOR PROVIDERS

GET INSURED

Allwell From MHS

Ambetter From MHS

Healthy Indiana Plan

Hoosier Care Connect

Hoosier Healthwise



One Plan. Always Covered.

Our health insurance programs are committed to transforming the health of the community one individual at a time.



Find a Provider

Finding a doctor is quick and easy. Search for Primary Medical Providers, hospitals, pharmacies and more.



Opioid Resource Center

Opioid use disorder is a disease. Recovery is possible find support and resources here.



Complete Your HNS

Take the Health Needs Screening (HNS) and start earning CentAccount rewards today!





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FOR MEMBERS

FOR PROVIDERS

GET INSURED

FOR PROVIDERS

Login

Enrollment and Updates	
Prior Authorization	•
Dental Providers	
Pharmacy	•
Opioid Resources	
Behavioral Health	•
Provider Resources	•
QI Program	•
Provider News	
Email Sign Up	

Portal Login

Create your own online account today!

MHS offers you many convenient and secure tools to assist you. To enter our secure portal, click on the login/register button. A new window will open. You can login or register for a new account.

Creating an account is free and easy.

By creating a MHS account, you can:

- Verify member eligibility
- Submit and check claims
- Submit and confirm authorizations
- View detailed patient list

PORTAL TRAINING GUIDES 🙃



Provider Email Sign Up

Sign Up

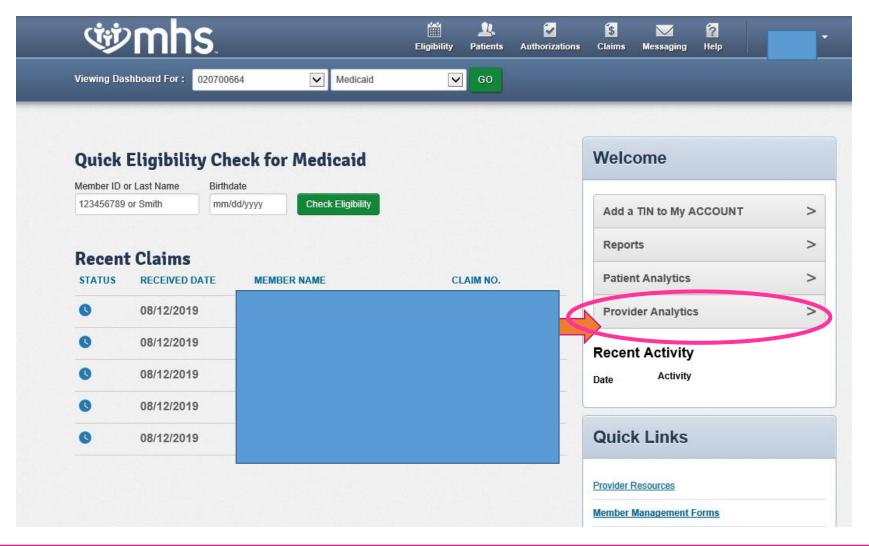
Please note that Clear Claim Connection does not provide an all inclusive listing of claim edits. MHS does utilize additional prepayment review edits in keeping with NCCI procedures and guidelines.

Registration Help

If you are having trouble with your registration, you may need to submit a non-par set-up form. Visit our <u>Become a Provider</u> page to get started. For further assistance, you can call Provider Services at 1-877-647-4848 or see our <u>Account Registration Guide (PDF)</u>.



MHS Secure Portal





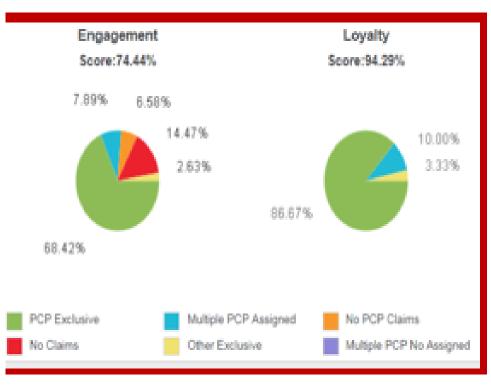
Provider Analytics Landing Page





Provider Engagement and Loyalty

Patient Segment	Segment Traits
PCP Exclusive	These patients have been assigned to you and have been seen by you or one of your partners
Multiple PCP Assigned	These patients are assigned to you, but have been seen by your practice AND other PCP groups
No PCP Claims	These are patients who seek all of their care from specialists, ER, and Urgent Care.
Other Exclusive	These patients are assigned to you, but have been seeing another PCP group exclusively
No Claims	These patients are assigned to you but have no claim data to indicate they have received any medical care from a PCP, emergency department or urgent care center
Multiple PCP No Assigned	These patients are assigned to you, but have only been seen other PCP groups.



^{*}In order to improve quality and cost, it's important to engage members who are not actively being managed; therefore, provider engagement provides the most inclusive view of member activity



Cost & Utilization: Emergency Department

Shows Per Member Per Month (PMPM) for Emergency Department (ED) visits compared to peers' risk-adjusted PMPM

Properties Four sections:

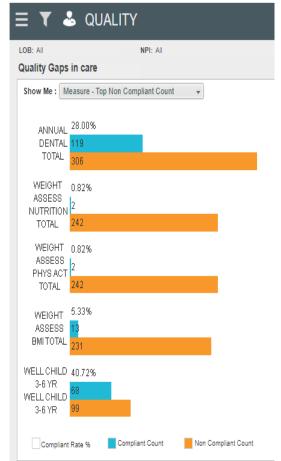
- Bar graph shows top five unmanaged conditions
- Bottom of the page shows average ED visits for provider's patients compared to plan
- Box on top left side shows number of patients with 3+ visits in the last 90 days.
- Box on bottom left side shows number of total ED visits by engagement category.
- Click on the charts for patient-level detail





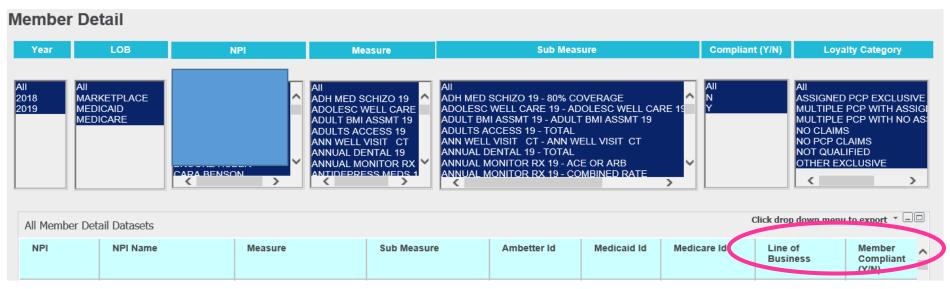
Quality HEDIS View: Gaps in Care

- Left defaults to top five measures by non-compliant count
- Drop-down arrow changes view to see:
 - Measures Non-compliant count, compliant count, compliant rate % or all
 - NPI Non-compliant count, compliant count, compliant rate % or all
- Right side displays top 25 members with the most open care gaps





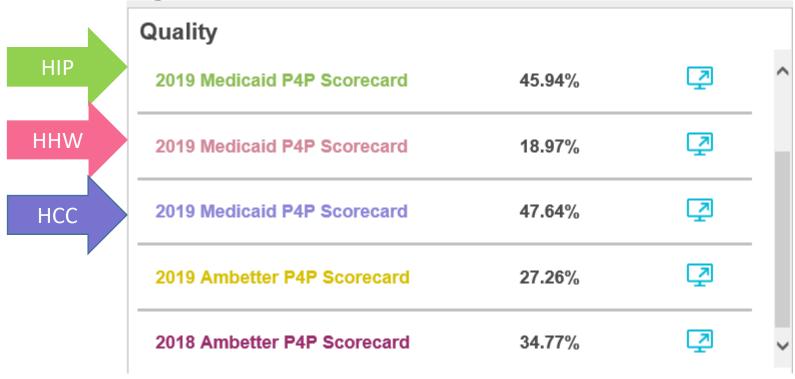
Quality HEDIS View: Member Detail



- Selections can be made to narrow search to a specific year, Line of Business, NPI name, HEDIS measure, Compliant status, or Loyalty Category.
- **Providers can customize lists by grouping HEDIS measures into "well-child", "women's health", or just the individual measure.
- Practice resources can be aligned once workload is identified creating efficiencies.
- Data exports to Excel or PDF available.



Monthly Scorecards





Claims data



- Pharmacy
- Medical Encounter





- Lab results

Medical record documentation

^{*} Send email to P4P@mhsindiana.com to sign up to receive email alerts when documents are posted!



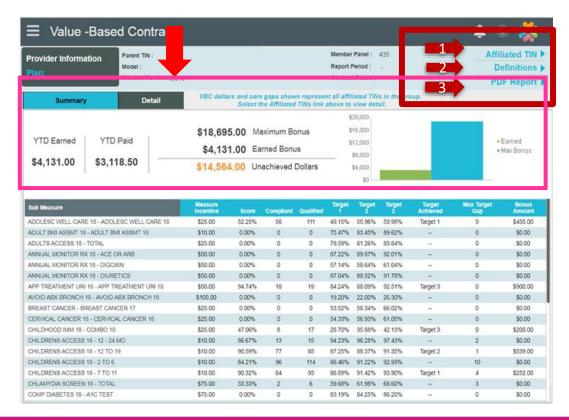
Quality HEDIS View: Scorecards

For providers in P4P arrangement

Shows measure incentive, amount earned, and unachieved

dollars

- In right hand corner:
 - All TINs associated with P4P program
 - List of definitions and meanings
 - Scorecard summarizing provider's performance in Quality



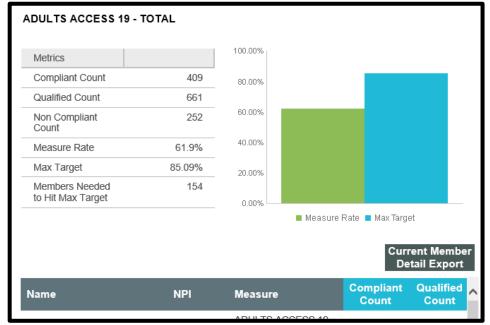


MHS Scorecard Detail



* Example of an actual scorecard.







Annual P4P Payout

P4P Payout calculations are based on final HEDIS Administrative rates and paid at group level.

W Factors include:

- Panel Size—150 minimum
- Required number of members qualified per measure
- Funds from measures without enough members get rolled into other qualifying measures

^{*} Send email to <u>P4P@mhsindiana.com</u> to sign up to receive email alerts when documents are posted!



Partnership for Quality P4Q



What is the Partnership for Quality and what is in it for members and providers?

P4Q is Risk Adjustment bonus program for our Providers partners aimed at increasing PCP visibility into members' existing as well as suspected conditions for better quality of care for chronic condition management and prevention.

What is in it for members?

Members with existing or newly suspected chronic conditions will receive more regular and proactive assessment and fewer chronic conditions will go undiagnosed or untreated.

What is in it for providers?

Providers will receive incentive payment by continuously improving or maintaining performance in assessing members for conditions. Providers receive *incremental* bonuses for their *incremental* work.



Who is included in the P4Q Program?

The intent of P4Q is to promote proactive management of chronic conditions and preventative services.

Targeted Lines of Business (LOB)

Ambetter, Allwell and Medicaid Eligible providers and members are loaded into the P4Q Dashboard (Provider Analytics)

Who is included in the program?

Members included in the program are those with disease conditions that need to be assessed year over year



Provider Incentive

% of Appointment Agendas Completed/Paid	Bonus Amt per Paid Appointment Agenda
<50%	\$100
>50 to <80%	\$200
>80%	\$300

- 100% of the risk adjustment gaps are assessed;
 - **W** Checking Active Diagnosis and Documented
 - Resolved / Not Present box in the P4Q dashboard
 - or on the printed Appointment Agenda AND
 - Provider has submitted a paid claim
- Providers will be paid quarterly after the third quarter has been completed.



Providers' Partnership

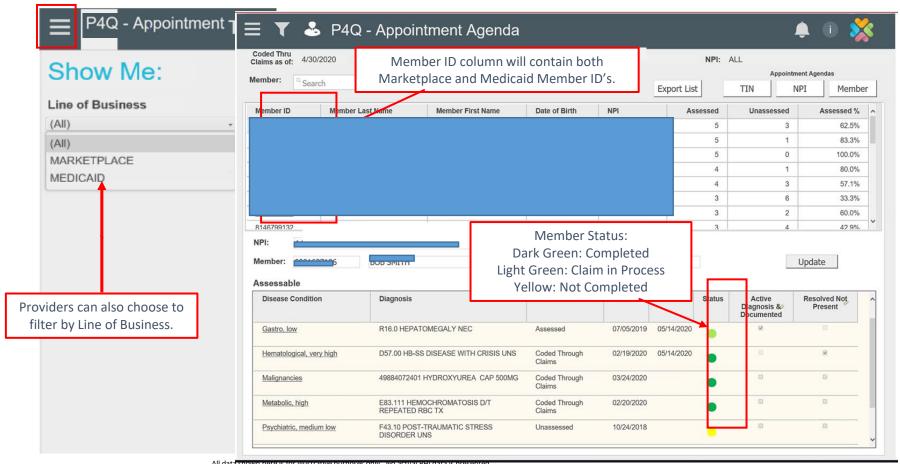
- Schedule appointment with patient (appointment agenda as guide)
 - Document care and diagnoses in the medical record following coding and documentation guidelines embedded within this document
- Submit electronically through the P4Q Portal or submit signed and completed Appointment Agenda and/or Comprehensive Physical Exam medical record (Marketplace, Medicare) to 1-813-464-8879 or securely email to agenda@wellcare.com
- Submit the claims/encounters containing all relevant diagnosis codes and/or CPT/CPTII codes



Provider Guide for P4Q

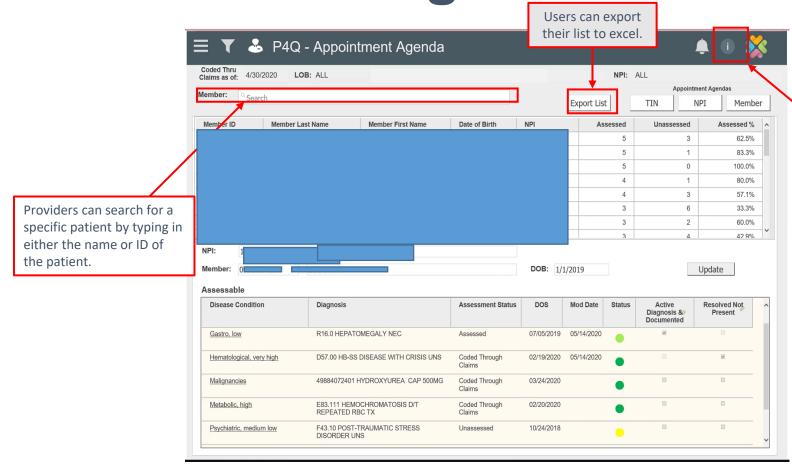
- Log into Provider Portal
- View condition assessment report in Provider Analytics
- Quality tab
- ***** P4Q





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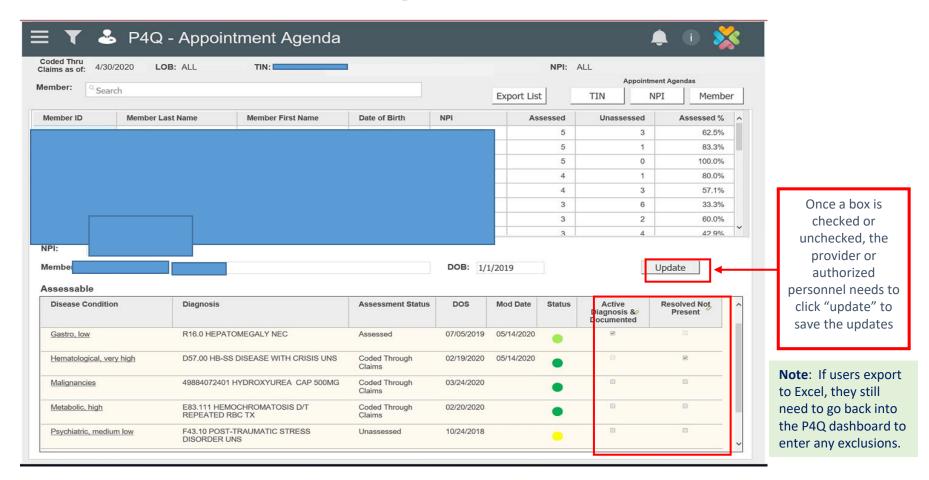




The info button is a drop-down menu containing links to FAQ on program rules and potentially detailed lists of diagnosis codes under each disease condition

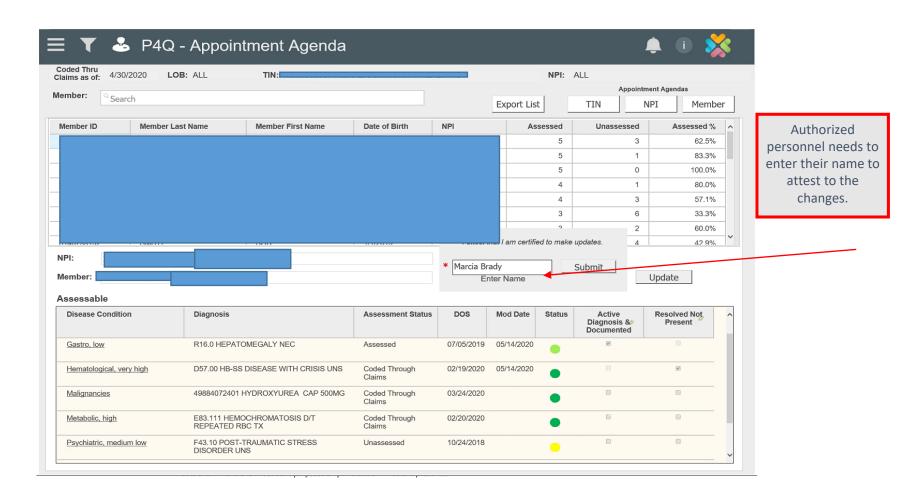
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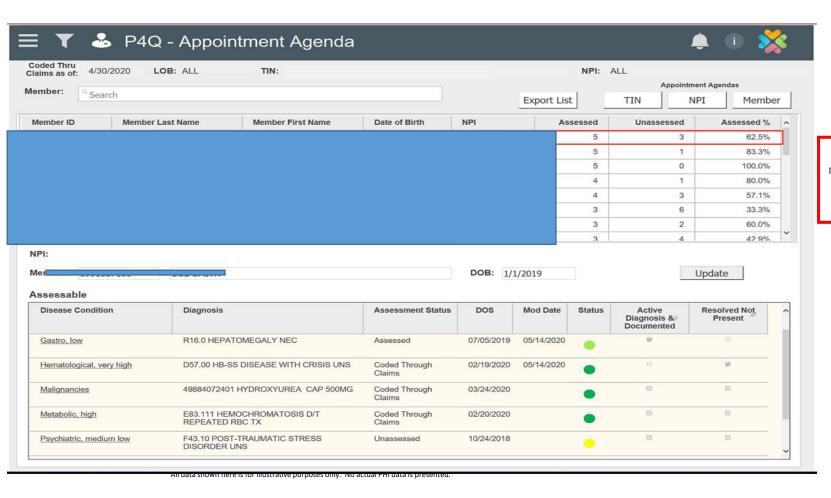


All data shown here is for illustrative purposes only. No actual PHI data is presented.









The member's record will now reflect the updated data.





myhealth Ødirect

WHAT IS MYHEALTHDIRECT?

MyHealthDirect is a service sponsored by MHS to schedule healthcare appointments for MHS members. You specify the type and quantity of appointments to make available and a MHS team member schedules those appointments with your patients on your behalf.

HOW IT WORKS



MHS contacts and schedules with your patient



Both you and the patient get a confirmation email



You enter the appointment into your PM system



Automatic reminder(s) sent to patient



The patient attends their appointment



MyHealthDirect

Key Benefits of the Program:



Free to you & your patients!



More appointments with your hard-to-reach patients



MHS outreaches to patients on your behalf



Better attendance



Improve Quality



Confirmations and reminders



Reduce administrative cost



Option for English or Spanish



Full control over your calendar & appointments



No more 3-way calling!

myhealth Pdirect



Provider Relations Team



MHS Provider Network Territories

Indiana NORTHEAST REGION For claims issues, email: MHS_ProviderRelations_NE@mhsindiana.com Chad Pratt, Provider Partnership Associate Noble DeKalb 1-877-647-4848, ext. 20454 NORTHWEST REGION For claims issues, email: MHS_ProviderRelations_NW@mhsindiana.com Aller Fulton Candace Ervin, Provider Partnership Associate Pullaski 1-877-647-4848, ext. 20187 NORTH CENTRAL REGION For claims issues, email: MHS_ProviderRelations_NC@mhsindiana.com Natalie Smith, Provider Partnership Associate 1-877-647-4848, ext. 20127 **CENTRAL REGION** For claims issues, email: Tippecappi Warrer MHS_ProviderRelations_C@mhsindiana.com Tipton Mona Green, Provider Partnership Associate 1-877-647-4848, ext. 20080 Randolph Madiso SOUTH CENTRAL REGION Montgomer For claims issues, email: MHS_ProviderRelations_SC@mhsindiana.com Wayne Dalesia Denning, Provider Partnership Associate 1-877-647-4848, ext. 20026 SOUTHWEST REGION Rush For claims issues, email: MHS_ProviderRelations_SW@mhsindiana.com Dawn McCarty, Provider Partnership Associate Vigo Morgan Franklin 1-877-647-4848, ext. 20117 **SOUTHEAST REGION** For claims issues, email: MHS_ProviderRelations_SE@mhsindiana.com Sullivan Carolyn Valachovic Monroe Provider Partnership Associate 1-877-647-4848, ext. 20114 Switzerland **wmhs**

Available online:

https://www.mhsindiana.com/content/dam/centene/mhsindiana/medicaid/pdfs/ProviderTerritory_map_2020.pdf

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SOUTHEAST REGION

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MHS Provider Network Territories

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PROVIDER GROUPS

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https://www.mhsindiana .com/content/dam/cent ene/mhsindiana/medica id/pdfs/ProviderTerritory map 2020.pdf

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Thank you for being our partner in care.